



**STANDARD RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED: \_\_\_\_\_

REQUEST SUBMITTED BY:     E-MAIL                       U.S. MAIL                       IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): \_\_\_\_\_

NAME OF REQUESTER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY/ZIP (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_ EMAIL (optional): \_\_\_\_\_

**RECORDS REQUESTED:** \*Provide as much specific detail as possible so the agency can identify the information. *Please use additional sheets if necessary*

DO YOU WANT COPIES?    YES    NO

DO YOU WANT TO INSPECT THE RECORDS?    YES    NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?    YES    NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100?    YES    NO

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\***  
**\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

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*FOR AGENCY USE ONLY*

**OPEN-RECORDS OFFICER:**

I have provided notice to appropriate third parties and given them an opportunity to object to this request

**DATE RECEIVED BY THE AGENCY:**

**AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:**